

# **Health Planning Council**

***Meeting 8***

# **Advisory Committee**

***Meeting 5***

## **Joint Meeting**

**Madeleine Biondolillo, MD**  
**Director, Bureau of Health Care Safety and Quality**  
**Associate Commissioner**  
**Department of Public Health**  
**March 26, 2014**

# Agenda

- Approve Minutes from February Meeting
  - Health Planning Council/Advisory Committee Joint Meeting
- Reminder of Timeline
- Introductions of DMA Health Team
- Recent Accomplishments
  - Service Definitions (Deliverable 2)
  - Framework for Needs Analysis – DRAFT
  - Research Questions - DRAFT
- Data Update
- Follow up on previous work: Service Maps: Supplement; Information Survey
- Next Steps

# Agenda

- Approve Minutes from February Meeting
  - Health Planning Council/Advisory Committee Joint Meeting

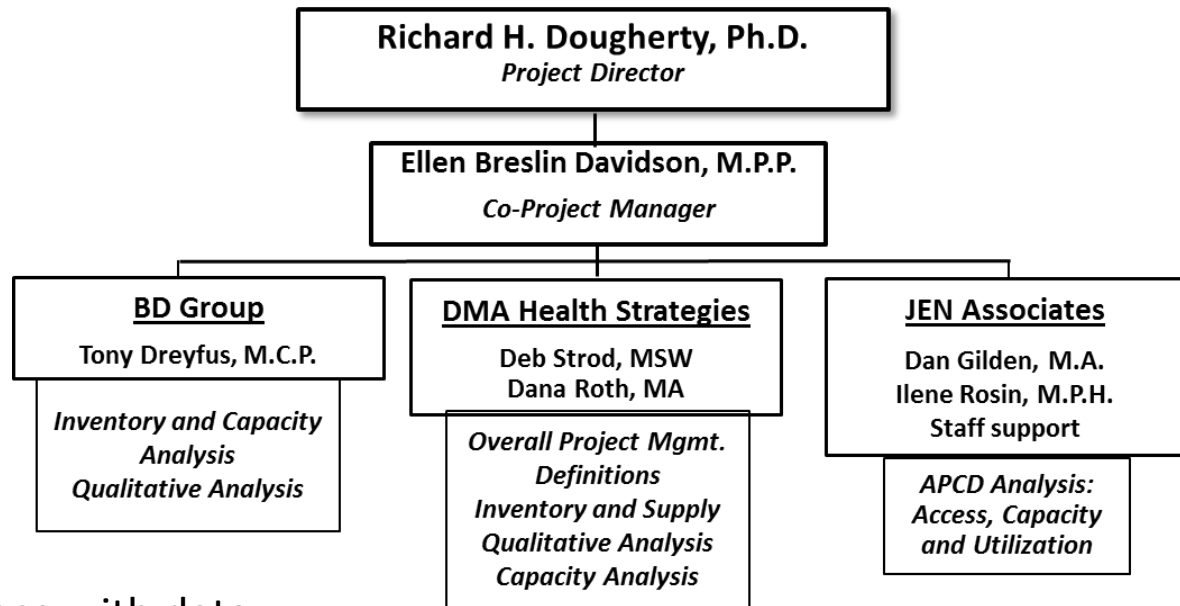
# Agenda

- Reminder of Timeline

	Oct. 2013	Nov. 2013	Dec. 2013	Jan. 2014	Feb. 2014	Mar. 2014	Q2 2014	Q3 2014	Q4 2014
<b>Council Meetings</b>	Strategic Plan Presented	Check point	Check point	First deliverables reviewed	Check point	Second deliverables reviewed	Draft plan		
<b>Advisory Committee Meetings</b>		Strategic Plan Presented	Check point	First deliverables reviewed	Check point	Second deliverables reviewed	Draft plan		
<b>Deliverable 1: Analytic Outline, Service Line Maps</b>									
<b>Deliverable 1 Complete</b>				Deliverable 1 submitted					
<b>Deliverable 2: Key Definitions</b>									
<b>Deliverable 2 Complete</b>						Deliverable 2 submitted			
<b>Deliverable 3: Level III Analysis</b>									
<b>Public Hearings on Deliverable 3</b>								Public Hearings	
<b>Deliverable 3 Complete</b>									Deliverable 3 Complete

# Introduction: the DMA Health Strategies Team

- DMA Health Strategies selected from open and competitive RFR (6 proposals received)
- DMA has almost 3 decades of work in behavioral health with MA, numerous other states, SAMHSA and CMS
- BD Group has extensive experience with MassHealth, risk adjustment and policy for dual eligibles
- JEN has extensive experience with data analytics and measurement with MassHealth, CHIA, CMS and other states.
- Contract started February 14, 2014



- Recent Accomplishments
  - Deliverable 2: Service Definitions
  - Analytic Framework for Needs, Demand and Use
  - Research Questions

# Service Definitions: See handout

SUMMARY OF SERVICE GROUPS			
MENTAL HEALTH SERVICES		SUBSTANCE ABUSE SERVICES	
Service Group	Proposed Service Group Description	Service group	Proposed Service Group Description
<b>Inpatient and Continuing Care</b>	Acute or extended inpatient psychiatric hospitalization services	<b>Inpatient and Other Acute Care</b>	Care in hospitals and non-hospital settings for acute detoxification, stabilization and other substance abuse treatment
<b>Intermediate Care</b>	Services provided as a step-down or alternative to inpatient care	<b>Intermediate Care</b>	Care provided as a step-down or alternative acute care
<b>Residential Care</b>	Care provided in a 24-hour residential program	<b>Residential Care</b>	Rehabilitation services with a planned care program in a 24-hour residential setting
<b>Community and Outpatient Care</b>	Care in an ambulatory setting such as a mental health center, hospital outpatient clinic or a professional's office	<b>Outpatient Care</b>	Care in an ambulatory setting such as a community health center, substance abuse treatment program, hospital outpatient department, a professional's office, or a patient's home
<b>Care Management</b>	Services to manage mental health care or to coordinate with other health or social services	<b>Case Management</b>	Discrete services to manage substance abuse care or to coordinate with other health or social services
<b>Bundled Services</b>	A coordinated array of mental health and supportive services for people with mental illness living in the community		
<b>Recovery and Family Support Services</b>	Programs to help people support each other in their recovery from mental illness and to support families of children with mental illness	<b>Recovery Support Services</b>	Programs to help people maintain their recovery and support each other in recovery
<b>Emergency Services</b>	Care provided in hospital emergency departments and in specialized programs of emergency mental health services	<b>Emergency Response</b>	Care and other services provided for substance abuse-related emergencies

Note: CSP = Community Support Program; CSPECH = Community Support Program for People Experiencing Chronic Homelessness.

# Mental Health and Substance Abuse Service Definitions

## Service Definitions

(Please see attached 3 page handout)

- Definitions are designed to provide a common framework across payers.
- The framework includes Service Groups and Services with definitions of each. Examples provide additional detail.
- This framework will allow for analysis of state funded capacity as well as all payer claims
- Many other payers do not cover the full range of behavioral health services
- Service groups reflect a continuum of services from: Inpatient and other acute care through Recovery Support services and Emergency Response.

MENTAL HEALTH SERVICES				
Service Group	Proposed Service Group Description	Service	Service Definition	Example Program or Services
Inpatient and Continuing Care	Acute or extended inpatient psychiatric hospitalization services	Inpatient care	Short-term intensive diagnostic, evaluation, treatment and stabilization services provided in hospital psychiatric units or psychiatric hospitals	Care in psychiatric units of general and free-standing psychiatric hospitals
		Continuing care	Continuing inpatient care including ongoing treatment, stabilization and rehabilitation services for the small number of individuals requiring longer term hospitalization	DMH Continuing Care inpatient facilities
Intermediate Care	Services provided as a step-down or alternative to inpatient care	Partial hospitalization	Short-term day intensive acute treatment in a hospital or community mental health center including daily psychiatric treatment for a minimum of 20 hours per week	Programs associated with inpatient psychiatric units
		Day treatment	Diagnostic, treatment and rehabilitative services provided for individuals who need more than weekly care but less intensive care than partial hospitalization	Programs at mental health centers and other community locations
		Crisis stabilization	Short-term, 24-hour psychiatric treatment in community-based therapeutic environments provided as an alternative to hospitalization	Community Crisis Stabilization, DMH Adult respite
Residential Care	Care provided in a 24-hour residential program	Residential treatment - adult, child or youth	Privately operated structured environment licensed by DMH providing mental health care and treatment in a 24-hour residential program	Adult Residential Treatment, Intensive Residential Treatment Program, Clinically Intensive Residential Treatment
Community and Outpatient Care	Care in an ambulatory setting such as a mental health center, hospital outpatient clinic or a professional's office	Licensed outpatient clinic mental health care	Therapy and medication services provided in an ambulatory care setting such as a mental health center, hospital outpatient department, community health center, or at a person's home	Individual, family or group therapy at a clinic, mental health center, or hospital outpatient department; Medication services
		Other outpatient mental health care	Therapy and medication services provided in an individual or group practitioner's or other licensed professional	Individual, family or group therapy and medication services at an individual or group practitioner's office
Care Management	Services to manage mental health care or to coordinate with other health or social services	Care coordination	Discrete services provided in other services, to assist in managing mental health care or to coordinate with other health or social services	CSP/CSPECH, Enhanced Care Management, Intensive Case Coordination
		Case management	Therapeutic case management, service planning, referrals, follow-up and monitoring of care by DMH for individuals with persistent and serious mental illness	DMH Case Management

SUBSTANCE ABUSE SERVICES				
Service group	Proposed Service Group Description	Service	Service Definition	Example Program or Services
Inpatient and Other Acute Care	Care in hospitals and non-hospital settings for acute detoxification, stabilization and other substance abuse treatment	Acute inpatient care	Inpatient medical intervention including medically managed detoxification in a licensed hospital to treat drug or alcohol withdrawal	Hospital acute detox (level IV)
		Acute treatment services	Medically monitored detoxification in a hospital or free-standing facility to treat drug or alcohol withdrawal	Detox (level III.7)
		Clinical stabilization services	Medically managed detoxification to treat drug or alcohol withdrawal	Detox (level III.5)
Intermediate Care	Care provided as a step-down or alternative to acute care	Transitional support services and other stabilization	Short-term, residential support services for clients who need a safe and structured environment to support their recovery process after detoxification	TSS programs in each region
		Day treatment	At least 3.5 hours per day of treatment up to five days a week including counseling, relapse prevention, and self-help	Programs in outpatient treatment facilities
Residential Care	Rehabilitation services with a planned care program in a 24-hour residential setting	General rehabilitation	A structured residential environment for individuals recovering from addiction to alcohol or other drugs	Residential recovery homes for adults, family, youth and young adults; 14-day court-mandated Second Offender Residential DUI
Outpatient Care	Care in an ambulatory setting such as a community health center, substance abuse treatment program, hospital outpatient department, a professional's office, or a patient's home	Substance abuse counseling	Treatment for use of alcohol or other drugs and gambling disorders, including assessment and treatment planning, individual, group, and family counseling	Outpatient counseling, including First Offender Driver Alcohol Education, Day Treatment, Compulsive Gambling Treatment services
		Medication-assisted treatment	Programs that provide medication coupled with medical and counseling services for the treatment of opiate addiction	Office-based opioid treatment, Methadone maintenance (opioid treatment programs), treatment with Vivitrol
Case Management	Discrete services to manage substance abuse care or to coordinate with other health or social services	Case management	Discrete services to manage substance abuse care or to coordinate with other health or social services not included elsewhere	Supportive Case Management, support for homeless adults, supportive family housing services
Recovery Support Services	Programs to help people maintain their recovery and support each other in recovery	Recovery-oriented services	Programs to support people in their recovery and living in the community	Recovery support centers, Recovery High Schools
Emergency Response	Care and other services provided for substance abuse-related emergencies	Hospital emergency department care	Care for overdose and other substance abuse-related emergencies in hospital emergency departments	ER care for acute alcohol intoxication, alcohol and drug withdrawal symptoms
		Overdose intervention	Care for overdose and other substance abuse-related emergencies in the community	Overdose Prevention Education and Naloxone Distribution

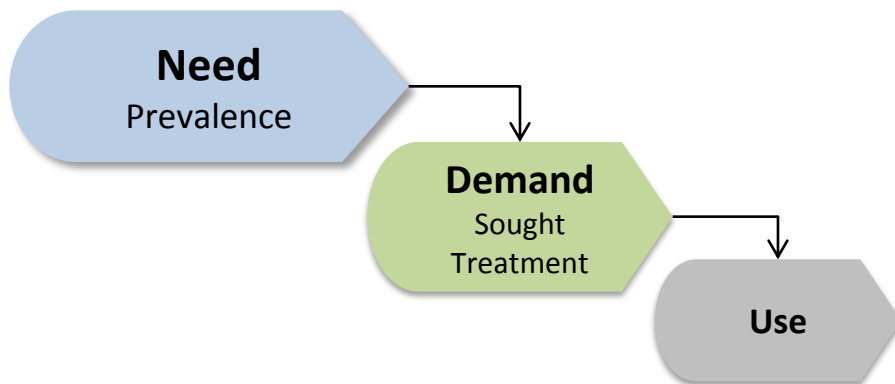
3/18/2014



# **Framework for Estimation of Needs for Behavioral Health Services in MA**

***Draft – Under Construction***

# Need, Demand and Use

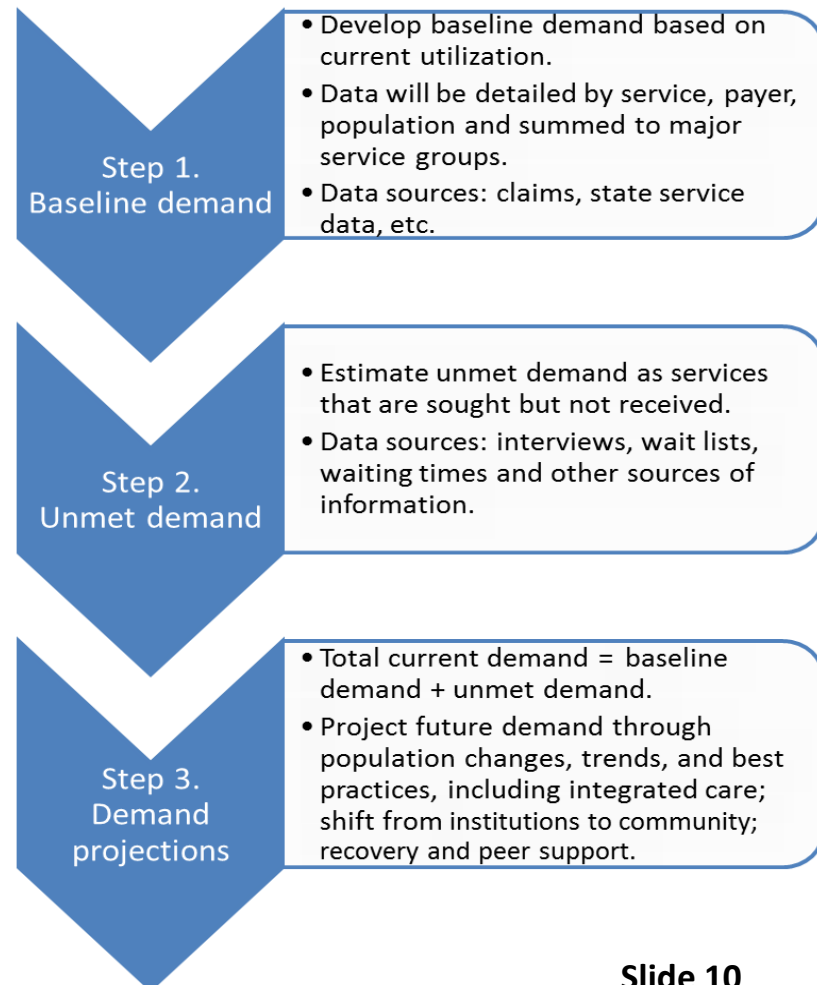


**Need** is characterized by the fundamental *underlying conditions* in the population (prevalence data from NSDUH).

**Demand** is expressed as the people that *seek treatment* and it will be estimated according as the portion of people that actually *use* treatment (use) plus estimates of unmet demand.

**Use** is known from claims and other reporting sources though people may be duplicated in some of these sources.

## Demand Estimation Methods



# Need: Mental Health Conditions

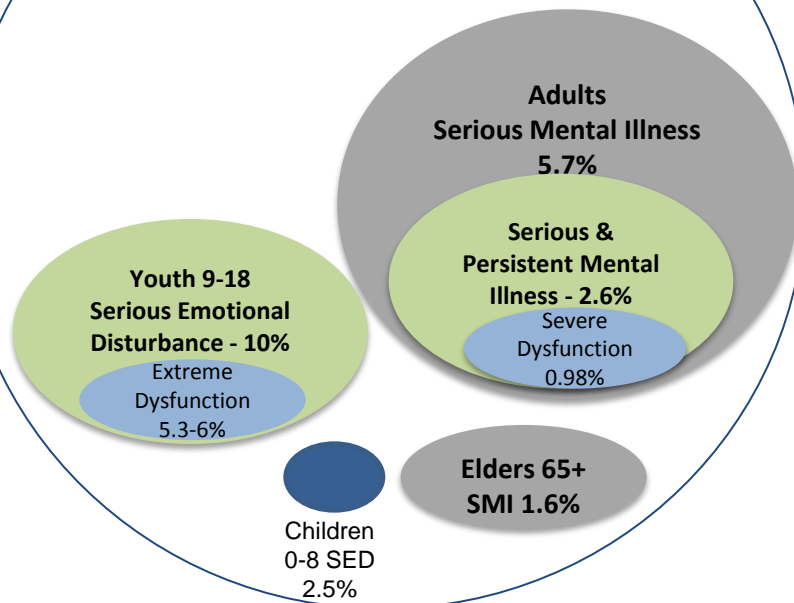
## Mental Health Conditions

MA DMH State Plan: Step 2 Unmet Needs and Service Gaps

### Any Mental Illness

MA - Adults – 17.4%\*

Children and Youth – 13.1%\*\*



\* 2011/2012 National Survey of Drug Use and Health

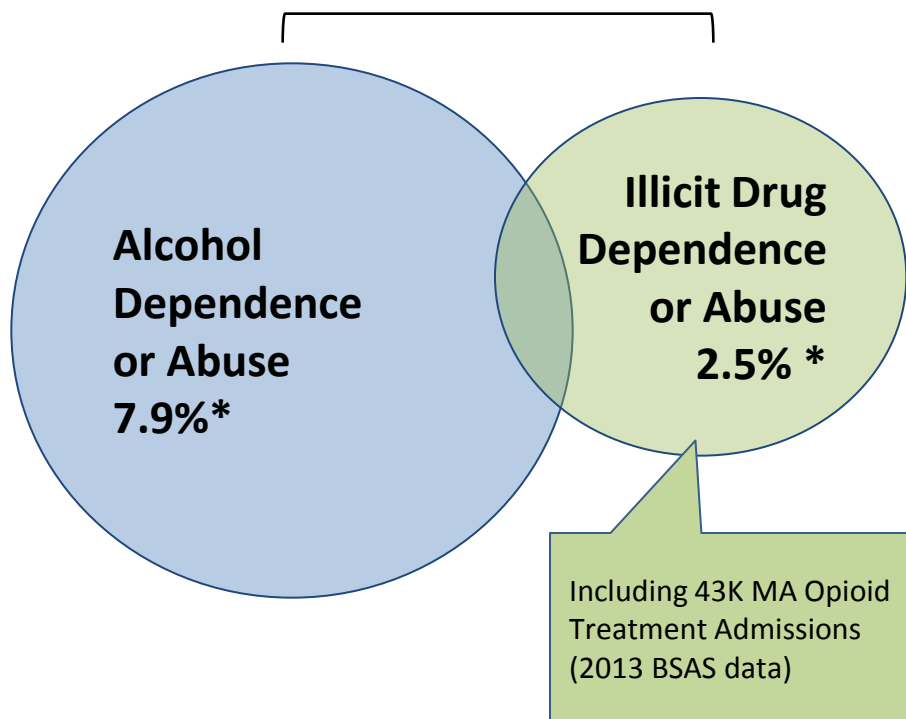
\*\* CDC National Health and Nutrition Examination Survey – Ages 8-15

- **Any Mental Illness (AMI):** having (currently or at any time in the past year) a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified within the DSM-IV, regardless of functional impairment.
- **Serious Mental Illness (SMI)** Adults 18+ is defined as having a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified within the 4th edition of DSM-IV that has resulted in serious functional impairment, which substantially interferes with or limits one or more major life activities.
- **Serious Emotional Disturbance (SED)** Youth: SED is defined as a diagnosable disorder that causes problems in a child's functioning that substantially interferes with or limits the child's role in home, school or community activities; it is further distinguished by either "extreme dysfunction" or "substantial functional impairment." MA also separately categorizes children 0-8 with SED in need of mental health services from those 9-18 with SED.
- **Serious and Persistent Mental Illness** Disorder(s) of thought, mood, perception that severely impairs judgment and behavior and substantially interferes with or limits role functioning in one or more major life activities and is expected to do so in the succeeding year; meet a qualifying DSM-IV diagnosis and are **not based** on developmental disorders, such as mental retardation or pervasive developmental disorders; or cognitive disorders, such as delirium, dementia or amnesia or other mental disorders due to a general medical or substance induced condition not elsewhere classified. See 104 CMR 29.04 for MA DMH Authorization Criteria.
- **Severe Dysfunction:** Those unable to provide for basic self-care.

# Need: Substance Use, Dependence, Abuse

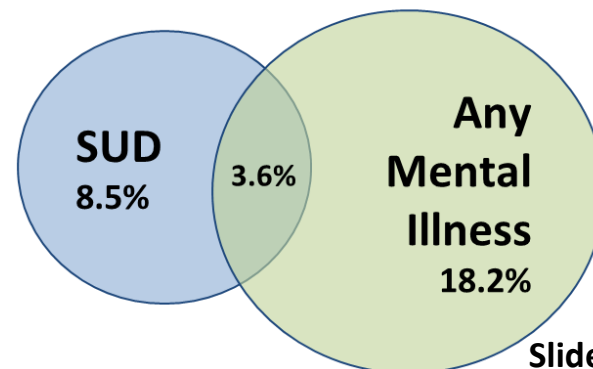
## Substance Dependence and Abuse (MA) (2011-2012 NSDUH)

**Overall – 9.1% of the Population\***



- Dependence or Abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Substance Use Disorders (SUD) include Abuse and Dependence
- Illicit Drugs include cocaine, heroin, hallucinogens, inhalants, prescription-type psychotherapeutics and/or marijuana used non-medically

## Co-occurring Substance Use Disorder & Mental Illness Conditions (US – 2012)



\* Dependence or Abuse Past Year Ages 12+ – NSDUH Table 20; Table 16; Table 18.

**DRAFT – Under Construction**

Slide 12

# Other prevalence data to be reported

- **Demographics** – Will include highlights of significant demographic variations in need (as available from multiple sources)
  - Age (Child/Adolescent, Adult, Elder)
  - Sex, Race, Ethnicity
  - Income
  - Insurance Coverage
  - Geography (limited)
- **Trends** - We will present highlights of trend data (different years available for different aspects)
- **Data Sources**
  - Primarily NSDUH, BRFSS, other state sources
- **Issue-spotting**
  - a) Variation in Age Groupings by Data Source
  - b) Definitions of Mental Illness differ between DMH and NSDUH
  - c) MA-specific data not available for some conditions or demographics

# Research Questions (Draft)

Area	Key Research Questions
<b>Broad questions</b>	<ol style="list-style-type: none"> <li>1. Does Massachusetts have the capacity to meet the behavioral health needs of its population now and in the future?</li> <li>2. For which specific services are there current or potential future gaps?</li> </ol>
<b>Need</b>	<ul style="list-style-type: none"> <li>• What is the prevalence of mental health conditions and what is the need for mental health services?</li> <li>• What is the prevalence of substance use disorders and what is the need for substance use disorder services?</li> </ul> <p><i>Prevalence and need will be described for various population groups, coverage types, geography and disease categories.</i></p>
<b>Demand</b>	<ul style="list-style-type: none"> <li>• What is the demand for mental health and substance abuse services?</li> <li>• What is the unmet demand? What services do people seek but do not receive?</li> </ul>
<b>Use</b>	<ul style="list-style-type: none"> <li>• What is the current use (numbers served and utilization) of services by service category, type of service and funding source?</li> </ul>
<b>Inventory</b>	<ul style="list-style-type: none"> <li>• What is the inventory of: <ul style="list-style-type: none"> <li>- Facilities?</li> <li>- Programs, services?</li> <li>- Professionals?</li> </ul> </li> </ul>
<b>Capacity</b>	<ul style="list-style-type: none"> <li>• What are estimates for the capacity of: <ul style="list-style-type: none"> <li>- Facilities?</li> <li>- Programs and services?</li> <li>- Professionals?</li> </ul> </li> </ul>
<b>Gap</b>	<ul style="list-style-type: none"> <li>• What are the gaps between capacity and demand for certain populations and services?</li> <li>• What are the reasons for these gaps?</li> <li>• What policies might shift or reduce the need for services?</li> <li>• Are there ways to rebalance the system to better address gaps?</li> </ul>

- Overarching research questions have been developed to organize and frame the analysis.
- As outlined in previous presentations, the data completeness and reliability will vary by type of service.
- Research questions will address Need, Demand, Use, Inventory, Capacity and include a Gap analysis.
- The analysis will be supplemented with an issue brief outlining the key trends in the field that will influence demand in the future.

## Status of Data Requests

## Follow Up on Previous Work

- Deliverable 1: Service Map Supplement
- Informational Survey: Summary and selected Interviews

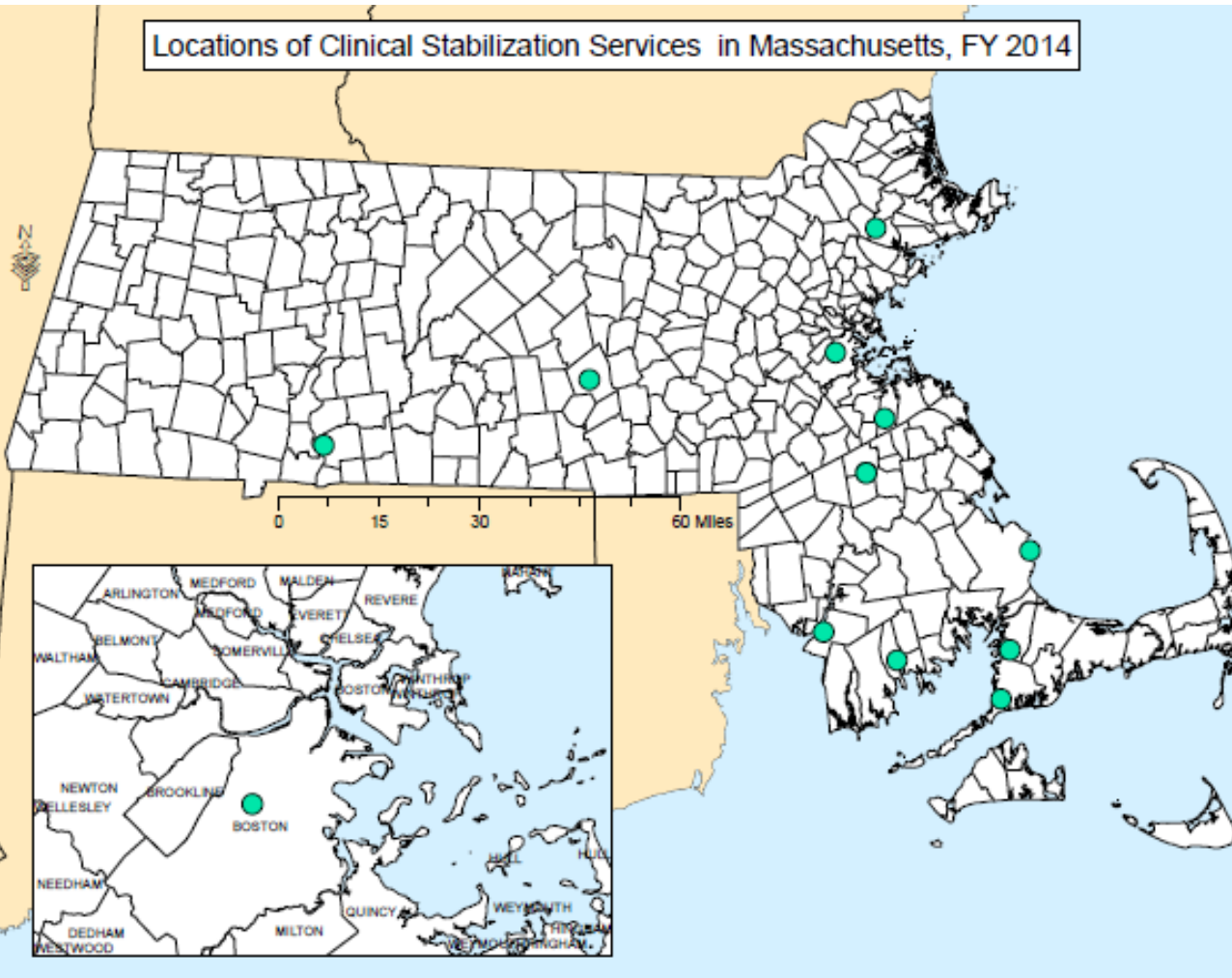


## Health Planning Council Deliverable 1: Behavioral Health Service Maps Update

- Clinical Stabilization and Support Services
  - Transitional Support Services
  - Clubhouse
  - Recovery Learning Communities
- 
- These maps supplement those provided in Deliverable 1. Taken together they include all the programs and services that can be reliably provided by location based on licensing information. Certain services have been excluded because location data would violate privacy rules.
  - The data represent the best available information.
  - Our effort will now move toward documenting the service providers and inventory (beds and other capacity measures) purchased with state, Medicaid, Medicare and commercial funds.

# Service Map: Clinical Stabilization Services (CSS)

Locations of Clinical Stabilization Services in Massachusetts, FY 2014



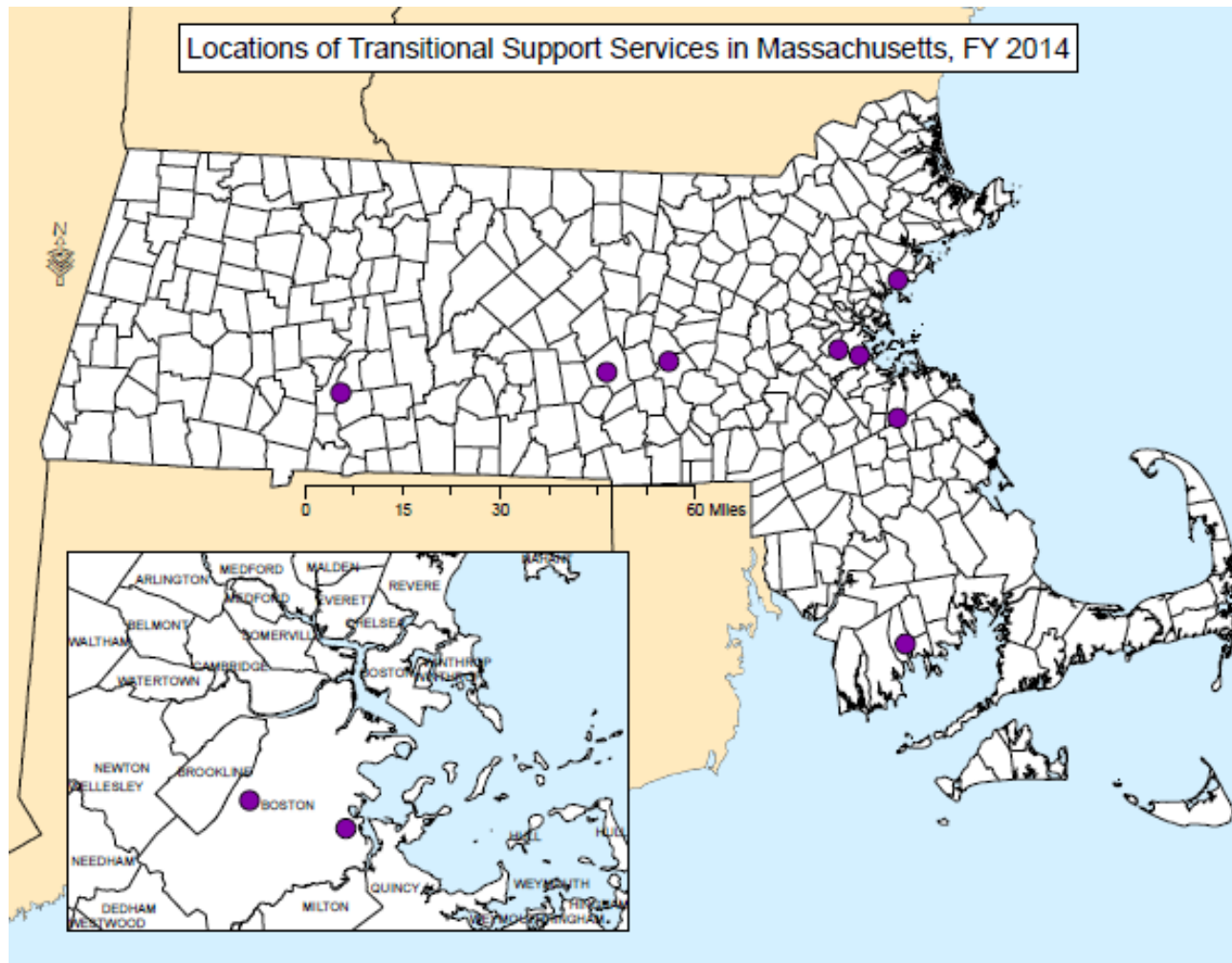
## Clinical Stabilization Services (CSS)

- CSS offer 24-hour treatment, usually following Acute Treatment Services (ATS) for substance abuse. Typically clients stay in the program for 10-14 days, during which they receive a range of services including nursing, intensive education and counseling regarding the nature of the addiction and its consequences, relapse prevention and aftercare planning for individuals beginning to engage in recovery from addiction
- These programs provide multidisciplinary treatment interventions and emphasize individual, group and family. Linkage to aftercare, relapse prevention services, and self-help groups, such as AA and NA, are integrated into treatment and discharge planning.
- This service is not intended as a step-down service from a psychiatric hospitalization level of care or psychiatric stabilization service. It is intended for individuals with a primary substance use disorder
- This service is covered by some insurance plans including MassHealth. As payer of last resort BSAS pays for uninsured clients.
- Clients are generally accepted from many settings including Acute Treatment Services (detoxification) programs, residential rehabilitation programs, outpatient including opioid treatment services, as well as self-referral. All CSS clients must meet an ASAM Level 3.5 criteria.

Data reflects a point in time and is updated as of 1/28/14  
 Dots represent location; not reflective of capacity or volume

# Service Map: Transitional Support Services (TSS)

Locations of Transitional Support Services in Massachusetts, FY 2014

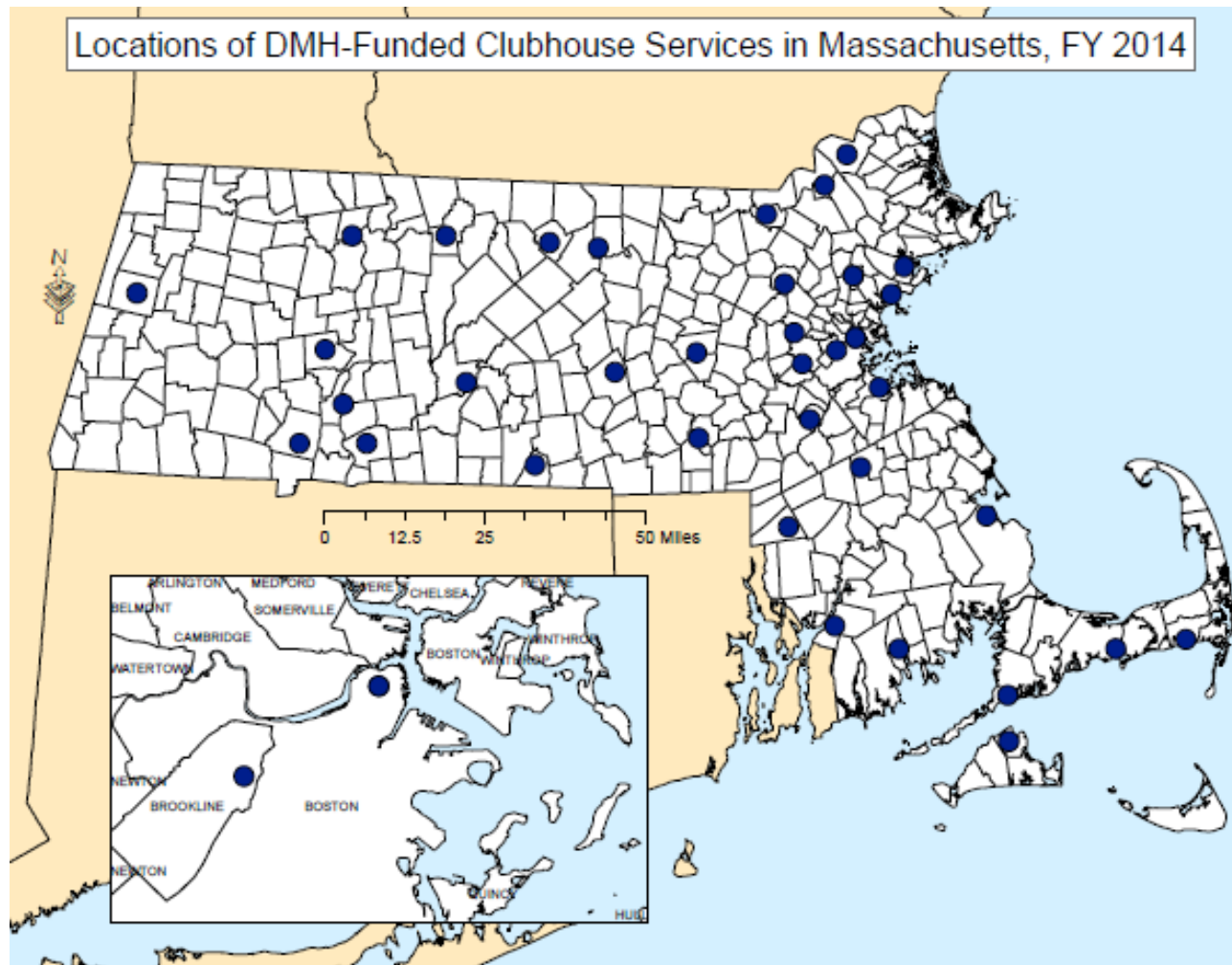


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## Transitional Support Services (TSS)

- TSS are defined as 24-hour short-term residential treatment up to 30 days, providing nursing, case management, psycho-educational programming, and aftercare planning.
- Services are provided to primarily bridge the gap between Acute Treatment Services and residential rehabilitation. Programs provide intensive case management in order to prepare clients for long-term residential care
- TSS clients are accepted from BSAS funded Level 3.7 Acute Treatment Services program or Level 3.5 Clinical Stabilization Services program. Upon medical clearance, clients can also be accepted from a public homeless shelter.
- BSAS is the primary payer for TSS services.

# Service Map: DMH-Funded Clubhouse Services



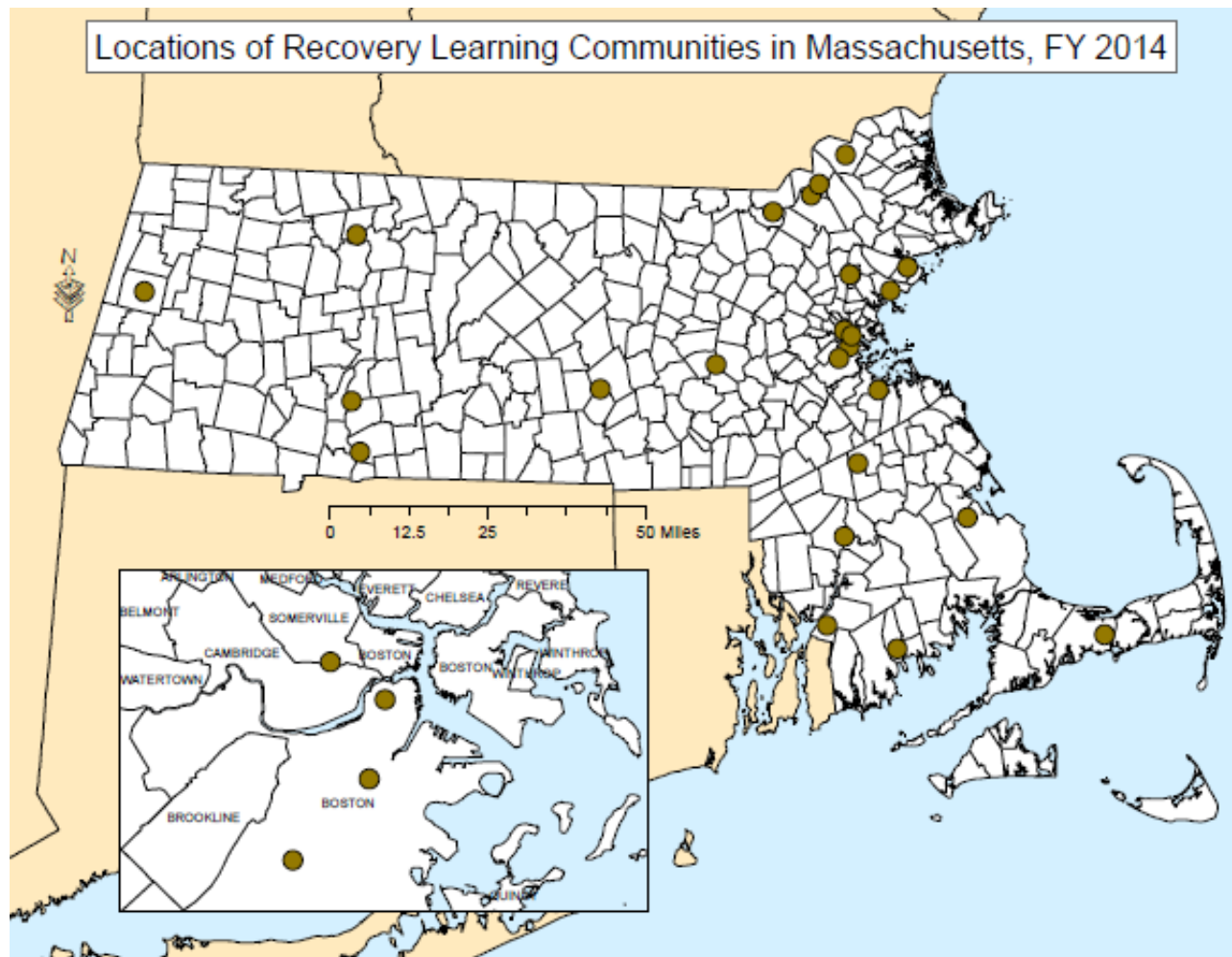
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## DMH-Funded Clubhouse Services

- Clubhouse Services, a psychosocial rehabilitation service, provide supports through a membership-based community center. Clubhouse Services assist people served to recognize their strengths, develop goals, and enhance the necessary skills for living, working, learning, and fully participating in their communities. The Clubhouse offers a daily schedule of activities, and works with people to connect them with jobs, school, interests and social activities within their own community.
- Each dot represents one of the 37 Clubhouse locations.
- Clubhouse services are available to people with a serious and long-term mental illness.



# Service Map: Recovery Learning Communities (RLC)



Data reflects a point in time and is updated as of 1/28/14  
Dots represent location; not reflective of capacity or volume

## Recovery Learning Community (RLC)

- The RLC provides a wide range of peer-to-peer support and resources to individuals with serious mental illness. Further, RLCs support the peer providers through training, continuing education, and consultation. Additionally, RLCs link with other peer-operated services and supports
- Supports may be offered in a variety of settings including, but not limited to the RLC site. Other settings include community mental health centers, inpatient hospitals, generic community settings, town hall, fairs, shopping mall, etc.
- Each dot represents one of 24 RLC network locations.
- RLCs are open to anyone seeking support

[illegible]

## Year 1 Health Resource Planning: Three Levels of Analysis

### Level 3

- “Behavioral and Mental Health Services”, includes Mental Health and “Substance Abuse Treatment and Services”
  - Providers, sites of care
  - Inpatient, outpatient & residential behavioral health & substance abuse
- “Primary Care Resources”
  - Practitioners
  - Federally Qualified Health Centers
  - Limited Services Clinics
- Post Acute Care
  - Skilled nursing
  - Inpatient rehab units
  - Long term acute care
  - Home health care
  - Hospice
  - Long term care and community alternatives to long term care
  - Assisted living
  - Long Term Care
- Ambulatory Surgery
- Percutaneous coronary intervention
- Trauma
  - Air ambulance

## Immediate Next Steps

- Collect Inventory data from agencies
- Develop Capacity estimation methods for select services
- Begin data analytics for Medicare 5%, MassHealth, and Commercial data
- Complete interviews
- Identify key future trends
- Next Meeting Date: May 1